



Guidance on ADA Data Collection and Reporting in CIMOR

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Revised Draft: 1/1/09

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Introduction

Purpose and Scope

Substance abuse treatment data are collected in order to glean insight into the addiction problem, to support program evaluation efforts, to justify and aid management of limited public resources, and to support quality improvement efforts in treatment programming. Such data are used at the state-level in outcomes-based budgeting to measure and track program performance. In addition, the state submits its data to the national Treatment Episode Dataset (TEDS) which is used by policymakers, researchers, and many others to obtain national and regional perspectives on alcohol and drug use and its treatment.

The purpose of this document is to provide guidance on the collection and reporting of substance abuse treatment data to the Department of Mental Health's (DMH) Customer Information Management, Outcomes, and Reporting (CIMOR) system. Such direction is necessary in order to ensure data consistency and overall quality. These guidelines are applicable for data collected on ADA Consumers. Other DMH divisions may implement their own policies and guidelines impacting data collection on their Consumers. When a definition or other data-related characteristic has been agreed upon at the DMH department level, this agreed-upon standard shall take precedence and replace any related item in this document and shall be duly noted.

In the absence of a DMH data standard, ADA will provide a data framework through this document based, in part, on the federal TEDS data standards as well as ADA's own data collection and reporting needs. For data collected as part of screenings (e.g. Mental Health, SATOP), assessments (e.g. ASI, GAIN) or other developed instruments (e.g. GPRA), users are instructed to refer to specific documentation or training materials associated with those tools. Data collected with such instruments are beyond the scope of this document.

This document is not intended to be static and will evolve as data elements are added, deleted, or changed in the CIMOR system and as further clarification is needed by those individuals collecting and reporting ADA data.

Federal ADA Data Collection Activities

The Treatment Episode Dataset and National Outcome Measures (TEDS/NOMS)

Initiated in 1992, the Treatment Episode Dataset (TEDS) is a data set of demographic and substance abuse information about individuals admitted to treatment. Data are extracted from CIMOR on a periodic basis and sent to the SAMHSA contractor. TEDS was expanded in 1996 to include discharge information and again in 2006 to collect outcome measures. For the state of Missouri, substance abuse treatment providers are required by contract with the State to provide the TEDS-related data to CIMOR so that data may be supplied to TEDS. Much of the TEDS data comes from the **ADA Program Assignment** and **ADA Program Closure** CIMOR screens.

The Inventory of Substance Abuse Treatment Services (I-SATS)

The Inventory of Substance Abuse Treatment (I-SATS) is a master list of all treatment sites known to SAMHSA. For Missouri, each treatment site is assigned an id of the form MOXXXXXX, where “X” represents an assigned digit. Treatment sites from all state certified agencies are reported to I-SATS. Non-state certified agencies may request to be included in I-SATS.

The TEDS admission and discharge data are reported by treatment site via the I-SATS ID. The I-SATS IDs are maintained in CIMOR for such reporting. For DOC programs and state facilities, the site is obtained via the enrolling provider. For non-DOC programs, contracted providers, the site information is pulled from the CIMOR encounter data. Therefore, it is important to enter accurate site information (i.e. location where Consumer received the service) when entering encounter data in CIMOR.

State-certified treatment agencies notify the State of changes in its treatment site information through an Organization Change form. This form is posted on the ADA website: <http://www.dmh.missouri.gov/ada/provider/forms.htm> (Information for Providers - Provider Forms – Organization Information Change Form.) A completed form is then submitted to the District Administrator for approval and then routed through ADA. Information from the Organization Change form is used to update I-SATS. Contracted treatment providers are required to inform the State of changes in site information through the submission of an Organization Change form. Failure to provide updates will result in inaccurate information in both the State’s system as well as the Federal system.

The National Survey of Substance Abuse Treatment Services (N-SSATS)

The National Survey of Substance Abuse Treatment Services (N-SSATS) (formerly the Uniform Facility Data Set) is an annual census of all substance abuse treatment sites listed in I-SATS. The N-SSATS survey collects information on facility characteristics including programs offered and also on Consumer counts. N-SSATS is generally administered in the spring. A treatment agency will receive a survey form for each treatment site it operates. Agencies have the option of completing the paper form or completing the survey online. All substance abuse treatment agencies contracted with the State are required to participate in N-SSATS. Non-contracted agencies are strongly encouraged to participate.

Results from the N-SSATS are also used to maintain the Substance Abuse Treatment Facility Locator (<http://dasis3.samhsa.gov>.) This is an online resource maintained by SAMHSA for locating drug and alcohol abuse treatment programs. It is the State’s policy, however, to only have state-certified treatment sites listed on the facility locator.

Substance Abuse Prevention and Treatment Block Grant Application

Each year the state of Missouri submits the Substance Abuse Prevention and Treatment Block Grant Application. The Substance Abuse Prevention and Treatment Block Grant provides substantial funding for treatment and prevention programs in the state of Missouri. For FFY07, Missouri was awarded roughly \$26 million. To support the

application for funding, the state must provide SAMHSA with data regarding state need, how the State addresses those needs through its programming, and how successful those programs are in treating and/or preventing substance abuse. Such data include, but are not limited to, number of Consumers served by various demographic breakouts, expenditures by treatment site, and changes in Consumer's substance use, criminal activity, employment status, and living status at discharge vs. admission. Much of this data are pulled from the State's administrative system, now CIMOR. The quality of the data in CIMOR will reflect on the state and its application for federal funding.

Reporting ADA Data to CIMOR

Data Requirements for ADA Programs

Collection of ADA data on primary users is required. For federal reporting, specifically TEDS, all substance treatment programs are required to collect and report ADA data on the CIMOR program assignment and program closure screens. Substance abuse "treatment" programs, as defined by TEDS, include all CSTAR programs, PR+ / Enhanced PR+, general treatment, SATOP ACIP / YCIP, SATOP SROP, DOC programs, and state facility hospitalized detox. Not included would be the SATOP education programs (WIP and OEPs) and recovery support. ADA Program Assignment and Closure data are no longer required for collateral dependents. For this cohort, Consumer Demographic data are still required.

Frequency of ADA Data Collection

For ADA treatment programs, ADA data are to be collected from Consumer at admission at certain changes in type of service, and at discharge. For some programs [SATOP treatment programs (ACIP, YCIP, SROP), DOC treatment programs (DOC Outpatient, DOC Free and Clean, DOC Community Partnership), general treatment, state facility inpatient, and state facility extended observation], data are collected from Consumer only at the beginning and ending of the program. For CSTAR and PR+, data are collected from Consumer at admission and discharge as well as when Consumer moves between levels: detox, 1, 1-R, 2, and 3. ADA data must be collected at admission and when a change in type of service occurs – use of *Unknown's* are not allowed.

- It is not acceptable to populate CIMOR data items with bogus data.
- It is not acceptable to cancel out of ADA program assignment and never provide data.
- It is not acceptable to leave pre-populated data unchanged if Consumer's status did change

For program enrollment, none of the fields on the ADA program assignment screen are pre-populated. For program level changes and program closure, CIMOR pre-populates fields that are less likely to change. Regardless of whether or not a field is pre-populated, users are expected to update the data if the Consumer's status has changed.

For discharges, *Unknown's* are allowed in limited circumstances. The provider must make a genuine attempt to collect the ADA data. If at discharge, Consumer has dropped out of treatment and provider was unable to collect the ADA discharge data, use of *Unknown's* on the CIMOR ADA Program Closure screen is permitted.

Timeliness of ADA Data Reporting

ADA considers it good practice to submit ADA admission data to CIMOR within five business days of delivering the first service. Likewise, program level changes (if applicable) should be registered within five business days of the effective date of change.

For ADA episodes of care, the discharge date is defined as the date on which the last billable service was delivered. The discharge date and all required ADA discharge data should be entered into CIMOR if Consumer has not received any face-to-face services within the past 60 days. It is likely that standards will be changed in the near future to reflect these good practices.

- It is not acceptable to leave an ADA Episode of Care open indefinitely.

Feedback

Feedback and/or questions regarding this document may be submitted to the ADA Research Unit: ADAResearch@dmh.mo.gov. Technical questions regarding CIMOR may be submitted to the Help Desk: Help.Desk@dmh.mo.gov. The Help Desk can be contacted by phone at (573) 526-5888 or Toll Free 1-888-601-4779. Help Desk hours are Monday – Friday 7:00 am to 5:30 pm.

CIMOR Data Items

Consumer Demographics

Consumer Search - Windows Internet Explorer

http://cimortest.dmh.state.mo.us/CIMOR/UT/CimorHome.htm

Live Search

DMHOnline -- Your Information... Welcome to Tabbed Browsing Consumer Search

CIMOR Test

Amy Lister, Sample DMH Contract Provider

Search for a Consumer

Recent Searches

Last Name: Data First Name: Sample Middle: Search

City: Date of Birth: Gender: Clear

ID Type: ID Number: Zip Code: Include Alias(s)

Register & Admit New Consumer

Consumer Record	Face Sheet	List EOC	Consumer	DMH ID	DOB	Gender	Age
Select	View	View	Data, Sample (Alias: Ada, Sample)	4055482	01/01/1956	Female	51

Done Local Intranet 100%

Important Notes:

On Searching...

When searching for a Consumer, it is recommended to use Consumer's first and last name first. If there are numerous selections then add the birth date. Be sure to click *Include Alias(s)*. If you enter data in all search fields, Consumer will not be found if just one item is different – i.e. Consumer's SSN or middle name may be blank in CIMOR, spelling of name may be different, female Consumer may have a new last name.

On admitting a previous DMH Consumer...

If admitting a Consumer and Consumer is found in CIMOR, verify accuracy of Consumer Demographics such as DATE OF BIRTH, SSN, RACE, HISPANIC ORIGIN, and GENDER. Be sure to update address information (including COUNTY and LIVING ARRANGEMENT.)

One of the opportunities that CIMOR provides is collecting the maiden name of female Consumers and nicknames. It is recommended that when providers are enrolling new Consumers or admitting a previous DMH Consumer to click on the Aliases link and add the maiden name or nickname.

Aliases

Consumer Search - Windows Internet Explorer

http://cimortest.dnh.state.mo.us/CIMOR/UI/CimorHome.htm

DMHOnline - Your Informati... Welcome to Tabbed Browsing Consumer Search X

Test

Sample Data DMH ID 4055462 Amy Lister, Sample DMH Contract Provider

Edit Consumer Alias

Alias Type *

From Date *

To Date

First Name *

Last Name *

Middle Name

Prefix

Suffix

- Consumer
 - Face Sheet
 - Demographics
 - Addresses
 - Phones
 - E-Mail
 - Citizen/Ethnic
 - Aliases**
 - Custody
 - Education
 - Employment
 - Identifiers
 - Languages
 - Legal Authority
 - Marital
 - Military Service
 - Public Health
 - Religion
 - Special Needs
 - Benefit/Eligibility
 - Consumer Res
 - Contact Log
 - Screenings
 - View Assmt
 - Episodes of Care
- Change Organization
- My Organization
- CO Functions
- EMT
- Administration
- Fundware
- Reports
- Help

Demographics

Consumer Search - Windows Internet Explorer

http://cimortest.dnh.state.mo.us/CIMOR/UI/CimorHome.htm

DMHOnline - Your Information... Welcome to Tabbed Browsing Consumer Search

Sample Data DMH ID 4055462 Amy Lister, Sample DMH Contract Provider

Test

Consumer

- Face Sheet
- Demographics**
- Addresses
- Phones
- E-Mail
- Citizen/Ethnic
- Aliases
- Custody
- Education
- Employment
- Identifiers
- Languages
- Legal Authority
- Marital
- Military Service
- Public Health
- Religion
- Special Needs
- Benefit/Eligibility
- Consumer Res
- Contact Log
- Screenings
- View Assmt
- Episodes of Care
- Change Organization
- My Organization
- CO Functions
- EMT
- Administration
- Fundware
- Reports
- Help

Edit Consumer Demographics

Save Cancel

Last Name * Data First Name * Sample Middle Name

Prefix Mrs Suffix Credential

Gender Female Birth Date * 01/01/1956 IHP Date

SSN SSN Verify Social Security Not Found Nor Verified

Medicaid DCN Deceased Date Hearing Status * Normal

Family Size 1 Living Arrangement 18 & > with Alone

Children In Your Care 0

BIRTH DATE

Specifies Consumer's date of birth.

Important Notes:

BIRTH DATE is an important data element used in generating Consumer demographic information. It is also a field used to search for a Consumer in the system. Thus, it is important to input accurate birth dates. Common errors include entering the current date or the current year or transposing digits.

After a Consumer has been registered in CIMOR, navigate to the Consumer face sheet and verify AGE. If AGE is incorrect, navigate to Consumer Demographics and correct BIRTH DATE.

FAMILY SIZE

Indicates number of immediate members in a family living together includes: the Consumer, as well as by marriage or birth, parents, children, step-children, siblings, half-brothers, half-sisters, in-laws, nieces, nephews, uncles, aunts, cousins, grandchildren, and grandparents. It also includes domestic partners and foster children. (*Definition from Poverty Level Criteria*)

Important Notes:

The following individuals are NOT to be included in this number: roomers, boarders, lodgers, roommates, and housemates, and all others who share living costs as well as living quarters primarily to share expenses.

FIRST NAME

Specifies Consumer's first name as it would appear on formal identification (i.e. Driver's License, Birth Certificate, etc.) if available.

Important Notes:

Nicknames can be entered under Alias.

GENDER

Specifies Consumer's gender

Valid Entries: (OA Standard, Adopted from the ISO 5218)

Male

Female

Male and Female – i.e. Hermaphrodite

Male from Female – i.e. Transgender with current gender status as male

Female from Male – i.e. Transgender with current gender status as female

Not Known - (Do not use for ADA Consumers)

Not Specified - (Limit use for ADA Consumers)

Important Notes:

For federal reporting of ADA data, anything other than *Male* or *Female* will be reported under *Unknown*.

HEARING STATUS

Indicates Consumer's ability to hear.

Valid entries:

Normal Ability to Hear – No detectable hearing impairment. Able to rely on hearing without difficulty.

Hard of Hearing – Mild to Moderate loss of hearing. Some difficulty with relying on hearing as a means of processing auditory information.

Deaf – Severe loss of hearing (profound). Unable to rely on hearing and use it as a means of processing auditory information.

Unknown Hearing Status - (Limit use for ADA Consumers)

Important Notes:

Use of *Unknown Hearing Status* should be very limited. For ADA Consumers, an attempt must be made to get a known hearing status. In the event *Unknown Hearing Status* is used, hearing status information should be updated in CIMOR (Consumer Demographics) when hearing status is identified.

A person's hearing status is generally independent of use of hearing aids.

LAST NAME

Specifies Consumer's last name as it would appear on formal identification (i.e. Driver's License, Birth Certificate, etc.) if available.

Important Notes:

Female Consumers can have the maiden name entered under the Alias tab.

LIVING ARRANGEMENT

Specifies Consumer's usual living environment (i.e. where the Consumer has been living most of the time during the past 30 days.)

Valid entries:

FOR MINOR CONSUMERS

<18 with Both Parents

<18 with Foster Home

<18 with Independent Living

<18 with Other – (Only use when no other category works for minor Consumer)

<18 with Other Relatives

<18 with Parents / Step Parent

<18 with Private Care Facility

<18 with Public Care Facility

<18 with Single Parents

FOR ADULT CONSUMERS

18 & > Homeless Shelter

18 & > Jail / Correctional Facility

18 & > with Adult Foster Care

18 & > with Alone

18 & > with Family

18 & > with Homeless – Includes unsheltered (i.e. living in automobile, abandoned building, on the “street”) and emergency shelter (typically < 30 days)

18 & > with Nursing Home

18 & > with Other – (Only use when no other category works for adult Consumer)

18 & > with Other Public / Private

18 & > with Parent or Siblings

18 & > with Spouse Only

18 & > with Transitional – Typically supervised housing 3 months to 1 year.

18 & > with Unrelated Person

FOR CONSUMERS OF ANY AGE

All ages with CSTAR Residential

All ages with CSTAR Supported Housing

All ages with Oxford Housing

All ages with Refused to Answer

Residential Care Facility (RCF)

Unknown - (Not allowed on ADA Program Assignment)

Important Notes:

Watch the age criteria on the selections.

- Do not use a “18 & >...” selection for a Consumer that is a minor.

NOTE → For the person collecting living arrangement data, it is important to find the best fitting category given the Consumer’s response. Do not throw every response into an *Other* category.

- Resist using *Other* categories including <18 with *Other* and 18 & > with *Other* for ADA Consumers. Probe Consumer for more information.

You can only select one response. If the Consumer has been living in more than one place for the past 30 days, count where he/she has been living for 15 or more days, or where they have been living the longest.

NUMBER OF CHILDREN IN YOUR CARE

Number of non-emancipated children, either by birth or adoption, in the Consumer’s care.

Important Notes:

Does not include step-children.

Address

Specifies Consumer's address.

The screenshot shows a web browser window titled 'Consumer Search - Windows Internet Explorer' with the URL 'http://cimortest.dmh.state.mo.us/CIMOR/UT/CimorHome.htm'. The browser has several tabs open, including 'DMHOnline -- Your Information...', 'Welcome to Tabbed Browsing', and 'Consumer Search'. The main content area displays the 'Edit Consumer Address' form for a consumer with DMH ID 4055462. The form is titled 'Edit Consumer Address' and includes a 'Save' button and a 'Cancel' button. The form fields are organized into two columns. The left column contains: Address Type (Home), Address Line 1 (1706 E Elm St), Address Line 2, City (Jefferson City), State (Missouri), Zip (65101), County (COLE), and Country (UNITED STATES). The right column contains: Primary Address (checked), Address From Date (10/05/2007), Address To Date, Living Arrangement (18 & + with Alone), Restriction, Restriction From Date, Restriction To Date, Restriction Instructions, and Comments. A sidebar on the left lists various menu items under the 'Consumer' heading, including Face Sheet, Demographics, Addresses, Phones, EMail, Citizen/Ethnic, Aliases, Custody, Education, Employment, Identifiers, Languages, Legal Authority, Marital, Military Service, Public Health, Religion, Special Needs, Benefit/Eligibility, Consumer Res, Contact Log, Screenings, View Assmt, Episodes of Care, Change Organization, My Organization, CO Functions, EMT, Administration, Fundware, Reports, and Help. The status bar at the bottom indicates 'Done' and 'Local Intranet'.

ADDRESS TYPE

Valid Entries:

Home – Physical location

Mail – Includes PO Box's

Billing

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE

ZIP

Important Notes:

Make every attempt to get a home address for Consumer. If Consumer is Homeless, it is acceptable to put "HOMELESS" in ADDRESS LINE 1. If Consumer is Homeless, do identify the city and county where the Consumer has spent most of his/her time in the past 30 days.

For ADDRESS TYPE *Home*,

- Do not put a PO Box in ADDRESS LINE 1.
- ADDRESS LINE 1 should contain a physical address including a house number and a street name. Make every attempt to get a house number.
- Avoid using the intersection of two roads as the address. Avoid using the name of an apartment complex, motel, office building, or mall in ADDRESS LINE 1.
- Do not include notes in ADDRESS LINE 1 such as "This is his mother's address"
- Do include apartment numbers or suite numbers in ADDRESS LINE 1 rather than putting in ADDRESS LINE 2.
- It is acceptable to put PO Box's in ADDRESS LINE 2 (but probably should be entered as a separate address with ADDRESS TYPE *Mail*.)
- Try to consistently use 5-digit zip codes.

COUNTY

Important Notes:

Select Non-resident if Consumer resides outside of Missouri.

Avoid using *Unknown* for ADA Consumers.

LIVING ARRANGEMENT

See **LIVING ARRANGEMENT** pages 13 - 14.

Citizen/Ethnic

The screenshot shows the CIMOR web application interface. The left sidebar contains a navigation menu with the following items: Consumer, Face Sheet, Demographics, Addresses, Phones, EMail, **Citizen/Ethnic**, Aliases, Custody, Education, Employment, Identifiers, Languages, Legal Authority, Marital, Military Service, Public Health, Religion, Special Needs, Benefit/Eligibility, Consumer Res, Contact Log, Screenings, View Assmt, Episodes of Care, Change Organization, My Organization, CO Functions, EMT, Administration, Fundware, Reports, and Help. The main content area is titled 'Add Citizenship/Ethnicity' and contains the following form fields:

- Citizenship(s)**: A list of checkboxes for various countries, including UNITED STATES (checked), UNITED STATES MINOR OUTLYING ISLANDS, MEXICO, LEBANON, LESOTHO, and LIBERIA.
- Record Data**: Fields for US Citizen Status (U.S. Citizen), Year of Entry to US, State of Birth Record (Missouri), County of Birth Record (COLE), Date Moved in County, and Country of Origin (UNITED STATES).
- Race(s)**: A list of checkboxes for various races, including White (checked), Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Pacific Islander, and Other (Specify).
- Hispanic Origin(s)**: A list of checkboxes for various Hispanic origins, including Not of Hispanic Origin, Mexican (checked), Puerto Rican, Cuban, and Other Hispanic (Specify).

RACE(S)

Specifies Consumer's race

Valid Entries: (Definitions from the Federal Register Vol 62, No 210)

White – Origins in any of the original peoples of Europe, the Middle East, or North Africa

Black or African American – Origins in any of the black racial groups of Africa

Asian – Origins of any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native – Origins in any of the original peoples of North and South America (including Central America) and who maintain cultural identification through tribal affiliation or community attachment.

Native Hawaiian or Pacific Islander – Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Other (Specify) – (Only to be used if Consumer indicates a race that does not fit into the above categories. Marking *Other* will require user to specify race in text box.)

Important Notes:

Ethnicity (HISPANIC ORIGIN) and RACE are collected separately as two different data items. This is consistent with data collection methods used by the federal government. Technically, Hispanic is not a race. A person of Hispanic origin may be of any race.

From the 2000 US Census: For the U.S. Hispanic population, 47.9% indicated a race of white and 42.2% did not identify with a race category given, indicating “some other race.”

Overview of Race and Hispanic Origin, U.S. Census Bureau (March 2001).

Ultimately, a person’s race and ethnicity is what he/she considers himself/herself to be. If a Consumer that is of Hispanic origin does not identify with any given race, it is acceptable to mark *Other* and specify “Hispanic” in the text box.

NOTE → For the person collecting race / ethnicity data, it is important to find the best fitting category given the Consumer’s response.

The race field allows for multiple selections for situations when Consumer indicates he/she is of two or more races. In the case of multiple races, mark each appropriate race category.

- Do not mark *Other* and specify “bi-racial.” Probe Consumer for specific races.
- Do not mark *Other* and specify “½ xxx and ½ xxx.” If Consumer indicates race as “White/African American”, mark both *White* and *Black or African American* – do not mark *Other*.

If the Consumer indicates a country of origin, an attempt should be made to place the country in the appropriate continent or sub-continent according to the definitions provided above.

- Resist marking *Other* and specifying country of origin or nationality. If Consumer indicates “Irish descent”, mark *White*.

HISPANIC ORIGIN(S)

Identifies Consumer’s specific Hispanic Origin. Hispanic or Latino is defined as Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. (*Definition of Hispanic Origin from the Federal Register Vol 62, No 210*)

Valid Entries:

Not of Hispanic Origin

Puerto Rican – Of Puerto Rican origin regardless of race

Mexican – Of Mexican origin regardless of race

Cuban – Of Cuban origin regardless of race

Other Hispanic (specify) – (Only to be used if Consumer indicates a Hispanic Origin that does not fit into the above categories. Marking *Other* will require user to specify Hispanic Origin in text box.)

Important Notes:

Ethnicity (HISPANIC ORIGIN) and RACE are collected separately as two different data items. This is consistent with data collection methods used by the federal government. Technically, Hispanic is not a race. A person of Hispanic origin may be of any race.

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Ultimately, a person’s race and ethnicity is what he/she considers himself/herself to be.

NOTE → For the person collecting race / ethnicity data, it is important to find the best fitting category given the Consumer’s response.

The HISPANIC ORIGIN field does not allow for multiple selections. If Consumer identifies with more than one HISPANIC ORIGIN, it is acceptable to mark *Other* and specify “½ xxx and ½ xxx”

If the Consumer indicates a country of Hispanic origin that is not listed, it is acceptable to mark *Other* and specify country or nationality.

- Marking *Other* and specifying “Columbian” is acceptable.
- Do not mark *Other* and specify *Mexican*. (Mark *Mexican*.)

Currently, ethnicity is collected to distinguish only those groups or sub-groups of Hispanic or Latino origin. Do not enter data on ethnicities other than Hispanic or Latino in the Hispanic Origin data field.

- Do not mark *Other* and specify “German.” (If Consumer indicates only ethnicity is German, then *Not of Hispanic Origin* should be marked.)

Employment

Consumer Search - Windows Internet Explorer

http://cimortest.dnh.state.mo.us/CIMOR/UI/CimorHome.htm

DMHOnline - Your Information... Welcome to Tabbed Browsing Consumer Search

Sample Data DMH ID 4055462 Amy Lister, Sample DMH Contract Provider

Test

Consumer

- Face Sheet
- Demographics
 - Addresses
 - Phones
 - E-Mail
 - Citizen/Ethnic
 - Aliases
 - Custody
 - Education
 - Employment**
 - Identifiers
 - Languages
 - Legal Authority
 - Marital
 - Military Service
 - Public Health
 - Religion
 - Special Needs
- Benefit/Eligibility
- Consumer Res
- Contact Log
- Screenings
- View Assmt
- Episodes of Care
- Change Organization
- My Organization
- CO Functions
- EMT
- Administration
- Fundware
- Reports
- Help

Edit Employment Information

Save Cancel

Status * Type

Occupation Hire Date

Leaving Reason Termination Date

Employer Name

Address Line 1

Address Line 2

City State Zip

Department Phone

Title

Comments

Done Local intranet 100%

STATUS (Employment)

Identifies the Consumer's current working status.

Valid entries:

Employed – Full Time (35+ hrs/wk) – Working 35 hours or more each week, including members of the uniformed services.

Employed – Part Time (< 35 hrs/wk) – Working fewer than 35 hours each week

Sheltered Workshop – Work organized by specialized providers (usually contracted with DESE) to create assembly jobs for people with disabilities

Supported Employment - Normally involves a job coach supporting Consumer working in a competitive environment (fast food, grocery, etc.)

Unemployed – sought last 30 or on layoff – Looking for work during the past 30 days or on layoff from a job.

Not in Workforce – Homemaker

Not in Workforce – Student (acad. or vocational) – Includes summer or time between active semesters.

Not in Workforce – Preschool

Not in Workforce – Retired

Not in Workforce – Disabled

Not in Workforce – Inmate of Institution (invol) – Prison or other institution that keeps a person, otherwise able, from entering the labor force.

Not in Workforce – Other – Use when above categories do not apply and Consumer has not been actively seeking work in the past 30 days.

Important Notes:

If Consumer indicates “unemployed”, probe to determine why and if Consumer has been actively seeking work. Only use *Unemployed – sought last 30 or on layoff* if the Consumer has been actively seeking work in the past 30 days or is on layoff from a job. If Consumer is unemployed and has not been actively seeking employment, then mark *Not in Workforce – Other*.

If Consumer is employed, then either full-time or part-time should be marked based on the hours worked per week. If Consumer retired from one job but is currently working a part-time job, then mark *Employed – Part-time* and do not mark *Not in Workforce - Retired*.

Seasonal workers are categorized based on their employment status at the time of data collection (i.e. admission, discharge, etc.)

Gambling is not counted as employment.

Language

The screenshot shows a web browser window with the URL <http://cimortest.dnh.state.mo.us/CIMOR/UI/CimorHome.htm>. The page title is "Consumer Search - Windows Internet Explorer". The main content area is titled "Edit Language" and contains the following fields:

- Language:
- Proficiency:
- Primary: ☒ (Yes)
- Dialect:

At the top right of the form area, there are "Save" and "Cancel" buttons. On the left side, there is a sidebar menu with the following items:

- Consumer
- Face Sheet
- Demographics
 - Addresses
 - Phones
 - E-Mail
 - Citizen/Ethnic
 - Aliases
 - Custody
 - Education
 - Employment
 - Identifiers
 - Languages**
 - Legal Authority
 - Marital
 - Military Service
 - Public Health
 - Religion
 - Special Needs
- Beneficiary
- Consumer Res
- Contact Log
- Screenings
- View Assmt
- Episodes of Care
- Change Organization
- My Organization
- CO Functions
- EMT
- Administration
- Fundware
- Reports
- Help

PREFERRED LANGUAGE

(Same as LANGUAGE with PRIMARY checked "yes")

Indicates Consumer's primary system of communication (i.e. English, American Sign, Spanish, Korean, etc.)

[North American]

American Sign Language (Specify if known – ASL, SEE, PSE, etc.)

Spanish (Mexico, Central/South America, Spain)

Native American Languages (including Inuit)

[Middle Eastern]

Arabic

East Indian/Pakistani Language (Specify if known)

Farsi (Persian)

Hebrew

Lebanese

Turkish

[African]

Burundi (Kirundi)

Ethiopian

Rwandian

Somali

Swahili

Other African Languages (Specify if known)

[European]

Eastern European (Specify if known) – Includes Albanian, Bulgarian, Croatian, Czech, Estonian, Hungarian, Latvian, Lithuanian, Polish, Romanian, Serbian, Slovak, Slovene (Russian not included - Russian is listed separately)

French

German

Greek

Italian

Northern European/Scandinavian (Specify if known) – Includes Swedish, Finnish, Danish, Norwegian

Portuguese

Russian

[Asian]

Cambodian (Khmer)

Chinese

Japanese

Hindi

Korean

Laotian

Philippines

Vietnamese

Other Asian/Pacific Rim Languages (Specify if known)

[Other]

Other (Specify Language Description-Required) – (only use if no other category works)

Unknown or Unable to Determine (limit use for ADA Consumers)

Important Notes:

Use of *Unknown or Unable to Determine* should be very limited. For ADA Consumers, an attempt must be made to identify Consumer's primary language. If unable to determine at admission, then language information should be updated in CIMOR (Consumer Demographics Language) when primary language is identified.

Marital

MARITAL STATUS

Identifies Consumer's marital status.

Valid entries:

Never Married – Includes Consumers who have never been married and those whose only marriage was annulled.

Married – Has a valid marriage license and living together

Widowed – Widowed and not remarried

Divorced – Divorced and not remarried

Separated – Includes those separated legally or otherwise absent from spouse because of marital discord

Remarried – Currently married but has gone through a divorce in the past

Common Law – Meets the definition of common law union according to the state of residence. Note the state of Missouri does not recognize common law marriages (RSMo 2006 § 451.040)

Living as married – Living as married but without a valid marriage license

Living Together - (Not recommended for ADA Consumers) living together, unspecified

Unknown - (Not valid for ADA)

Important Notes:

For the purpose of ADA data collection and federal reporting of substance abuse data, categories *Married*, *Common Law*, *Remarried*, and *Living as married* are indistinguishable and will typically be reported together under category *Married* (consistent with federal TEDS reporting.) It is recommended that *Living Together* not be used for ADA Consumers.

Religion

The screenshot shows the CIMOR web application interface. The browser window title is "Consumer Search - Windows Internet Explorer". The address bar shows "http://cimortest.dmh.state.mo.us/CIMOR/UIT/CimorHome.htm". The page header includes "Sample Data DMH ID 4055462" and "Amy Lister, Sample DMH Contract Provider". The main content area is titled "Edit Religion". It features a "Save" button and a "Cancel" button. The form includes the following fields:

- Religious/Spiritual Affiliation * (Dropdown menu, currently set to "Catholic")
- From Date (Text box)
- To Date (Text box)
- Level of Importance (Dropdown menu)
- Church Name (Text box)
- Address Line 1 (Text box)
- Address Line 2 (Text box)
- City (Text box)
- State (Dropdown menu)
- Zip Code (Text box)
- Church Phone (Text box)
- Church Contact (Section header)
- Last Name (Text box)
- First Name (Text box)
- Phone (Text box)
- Notify Regarding Consumer's Treatment (Checkbox, currently unchecked, with label "(Yes)")

The left sidebar contains a tree view with the following categories:

- Consumer
 - Face Sheet
 - Demographics
 - Addresses
 - Phones
 - EMail
 - Citizen/Ethnic
 - Aliases
 - Custody
 - Education
 - Employment
 - Identifiers
 - Languages
 - Legal Authority
 - Marital
 - Military Service
 - Public Health
 - Religion**
 - Special Needs
 - Benefit/Eligibility
 - Consumer Res
 - Contact Log
 - Screenings
 - View Assmt
 - Episodes of Care
- Change Organization
- My Organization
- CO Functions
 - EMT
- Administration
 - Fundware
 - Reports
- Help

RELIGIOUS SPIRITUAL AFFILIATION

Indicates Consumer's preference in religious affiliation.

See **CIMOR** for list of selections.

Important Notes:

Do ask Consumer if he/she has a religious preference. If Consumer indicates "none," enter *None* in RELIGIOUS SPIRITUAL AFFILIATION. If Consumer declines to answer, it is acceptable to leave blank but preference would be to enter *Unknown* in RELIGIOUS SPIRITUAL AFFILIATION.

Consumer Episode of Care

Admission

Consumer Search - Windows Internet Explorer

http://cimortest.dmh.state.mo.us/CIMOR/UI/CimorHome.htm

Consumer Search

Test

Data Sample DMH ID 4096622 Amy Lister, Sample DMH Contract Provider

CIMOR

Test

Consumer

- Face Sheet
- Demographics
- Benefit/Eligibility
- Consumer Res
- Contact Log
- Screenings
- View Assmt
- GPRA II
- Episodes of Care**
- Change Organization
- My Organization
- CO Functions
- EMT
- Administration
- Reports
- Help

Add Admission

Save Cancel

Admission Info Other Commitment Discharge

Division * ADA Local Chart No. DMH ID 4096622

Admission Date * 10/17/2008 Admission Time * 8:20 AM Initial Contact Date * 10/1/2008

Admission Reason * Criteria met DOC ID Number

Referral Source * DOC-Institutional Treatment Program

Probation and Parole Algoa Correctional Center

Provider Site *

Comments

ADMISSION DATE

Indicates the date of the first face-to-face treatment contact (includes assessments.)

Important Notes:

ADMISSION DATE and DISCHARGE DATE define the Consumer's Episode of Care.

Program FROM DATE and Program Level FROM DATE should never come before ADMISSION DATE. Programs are contained within Episode's of Care and Program Levels (if applicable) are contained within Programs.

ADMISSION REASON

Indicates the reason Consumer is being admitted to the program. (*DMH standard definition*)

Valid entries:

Criteria Met: - Generally applies to Consumers whose admission is voluntary (including voluntary by guardian) and who meet the eligibility criteria to receive services.

Court Ordered - A court has issued an order for the Consumer to receive outpatient services.

Commitment - A Consumer has been involuntarily admitted to receive inpatient services without a court order (e.g. admission by law enforcement)

Court Ordered & Commitment - A court has issued an order for the Consumer to receive inpatient services.

MRDD Intake and Evaluation – (Do not use for ADA Episode of Care)

Administrative Transfer – Transfer between facilities

Important Notes:

Involuntary commitments, where the individual presents a likelihood of serious harm to self or others as the result of substance abuse, should be marked either as *Commitment* or *Courted Ordered & Commitment*. Involuntary commitments will involve either detox or residential services (9 CSR 30-3). Involuntary commitments require specific forms:

Commitment will involve an Application Imminent Harm (DMH 132), an Affidavit (DMH 142), and a List of Witnesses (DMH 137) and is initiated by a Peace Officer or a Qualified Substance Abuse Counselor.

Courted Ordered & Commitment will typically involve an Order for 96 Hour Detention (DMH 129, OSCA MH 20) or a 30-day commitment order Judgment for Involuntary Detention (DMH 136, OSCA MH 40).

Codependents should be coded as *Criteria Met*.

Drug Court consumers should be coded as *Criteria Met* (but will need to select *Drug Court* as a REFERRAL SOURCE).

A consumer ordered to treatment by a probation or parole officer should be marked *Criteria Met* (but will need to select *District Parole and Probation* as a REFERRAL SOURCE).

DATE OF INITIAL CONTACT

Indicates the date treatment was first requested by Consumer or Consumer's interested party. Initial request may have been over the phone or in person.

Important Notes:

If currently not collected, may enter "1/1/01" to signify "unknown/not collected."

DATE OF INITIAL CONTACT may never be greater than admission date.

DATE OF INITIAL CONTACT may be equal to admission date if Consumer was admitted when treatment was first requested.

DATE OF INITIAL CONTACT may equal the date the Consumer was placed on a waiting list if a treatment slot was not available upon first request.

DIVISION

With the exception of the state-operated hospital detox, Consumers receiving substance abuse treatment services will be enrolled under *ADA Division*. For state-operated hospital detox, Consumers will be enrolled under *CPS Division* and then under program *CPS State Op Adult Inpatient – ADA Substance Abuse*. For state-operated emergency room extended observation, Consumers will be enrolled under *CPS Division* and then under program *CPS State Op Extended Observation – ADA Substance*.

PROBATION & PAROLE

Indicates the probation and parole office that referred consumer to services.

[See CIMOR for specific list.]

Important Notes:

This field only appears if *DOC Probation/Parole* or *Probation & Parole* is selected for REFERRAL SOURCE.

PROVIDER SITE

Important Notes:

It is acceptable for the enrolling agency to admit (EOC Admission screen) under the parent agency but encounters (EOC Services screen) must be recorded under the site where services are provided.

Parent (main) sites are of the format “Agency Name” while children (satellite) sites are of the format “Agency Name – City” or “Agency Name – City (Street).” When entering encounter data,

-Do not put encounter data under parent site unless Consumer received services at the parent site.

For adolescent programs: If agency wants GAIN reports by provider site, then agency will need to specify actual treatment site in this field.

REFERRAL SOURCE

Describes the person or agency referring the Consumer to the program.

This is a field that is used department wide and must serve many uses. The list of selections for this field is long and selections are not always mutually exclusive. Listed below are the preferred selections to be used for ADA Consumers.

Preferred valid entries for ADA Consumers:

CRIMINAL JUSTICE INVOLVEMENT

Attorney / Legal Counsel

Drug Court

Court, Law Enforcement, Corrections – Other than drug court, DOC program, or SATOP

District Probation and Parole

DOC – Institutional Treatment Program – (Only for use by DOC programs)

DOC – Transitional Housing – (Only for use by DOC programs)

DOC – Other – (Only for use by DOC programs)

SATOP Screening – Includes DUI/DWI

Other, Non-Voluntary - (Use only if no other criminal justice involvement category works)

MENTAL HEALTH / HEALTH

CMHC – Community Mental Health Center

Freestanding ADA – Another ADA treatment agency

Private Practice MH Prof – Private Practice Mental Health Professional

Non-Psychiatric Physician

Other Mental Health Facility

Medical Facility – Medical facility (non-mental health)

Non-Psychiatric Physician

Veterans Administration

INDIVIDUAL

Self

Family, Relatives

OTHER

Clergy

Department of Social Services

Former Consumer

Help Line – Includes Missouri’s Problem Gambling helpline (888-BETS-OFF) and TEL-LINK (DHSS’s referral line for maternal and child health care)

LEAD Institute – Leadership Education and Advocacy for the Deaf

School System

Self Help

Social or Community Agency (unspecified)

Other (Unspecified) – (Limit use for ADA Consumers)

Important Notes:

The above list does not preclude user from using other entries if user has a compelling reason to do so.

- Do not use the selections beginning with “Inpatient...” These selections were requested for use with MRDD Consumers.

Commitment

Consumer Search - Windows Internet Explorer

http://cimortest.dmh.state.mo.us/CIMOR/UI/CimorHome.htm

Consumer Search

Data Sample DMH ID 4116565

Christie Lundy, Sample DMH Contract Provider

CIMOR Test

Consumer Registration

Record Parent, Guardian, or Codependent relationship, if necessary

Consumer Relationships Admission Programs

Admission Info Other Commitment SMT

Save

Admission Type	County	From Date	To Date	Primary Commitment
Admission Type *	County *	From Date *	To Date	Primary Commitment
Vol - Adult - Self	COLE	1/7/2009		<input checked="" type="checkbox"/> (Yes)

Add Commitment Cancel

ADMISSION TYPE

Describes the type of commitment.

This is a field that is used department wide and the list of selections for this field is long. Not all selections are appropriate for ADA admissions. Listed below are the recommended selections for use for ADA Consumers.

Recommended entries for ADA Consumers:

VOLUNTARY - ADULT

Vol - Adult – Self: Adult by Self

Vol - Adult – Guardian: Adult by Guardian

Vol - Adult - Dur Pow Atty: Adult by Durable Power of Attorney

VOLUNTARY - MINOR

Vol - Minor – Guardian: Minor by Guardian

Vol - Minor – Self: Minor by Self

Vol - Minor – Parent: Minor by Parent

Vol - Minor - Legal Custodian: Minor by Legal Custodian

INVOLUNTARY – COURT ORDER

Invol Civ - Ad Ct Ord: Adult Court Order

Invol Civ - Minor Ct Ord: Minor Court Order

INVOLUNTARY – INITIATED BY A PEACE OFFICER

Invol Civ - Ad Ct Ord (Peace Off-Imm Harm): Adult Court Order by Peace Officer (Imminent Harm)

Invol Civ - Minor Ct Ord (PeaceOff-Imm Harm): Minor Court Order by Peace Officer (Imminent Harm)

INVOLUNTARY – INITIATED BY A QSAP

Invol Civ - (Qual ADA Couns-Imm Harm): by Qualified Alcohol and Drug Abuse Counselor (QSAP) (Imminent Harm)

Important Notes:

Involuntary commitments, where the individual presents a likelihood of serious harm to self or others as the result of substance abuse, require specific forms:

Commitment by a Peace Officer

If the involuntary commitment was initiated by a Peace Officer, then the following forms would be presented:

- an Application Imminent Harm (DMH 132),
- an Affidavit (DMH 142), and
- a List of Witnesses (DMH 137).

If Consumer is an adult – code as *Invol Civ - Ad Ct Ord (Peace Off-Imm Harm)*.

If Consumer is a minor – code as *Invol Civ - Minor Ct Ord (PeaceOff-Imm Harm)*.

Commitment by the Court

If the involuntary commitment was court ordered, then the following forms are typically involved:

- **96 hour:** an Order for 96 Hour Detention (DMH 129, OSCA MH 20) or
- **30 day:** Judgment for Involuntary Detention (DMH 136, OSCA MH 40).

If Consumer is an adult – code as *Invol Civ - Ad Ct Ord*.

If Consumer is a minor – code as *Invol Civ - Minor Ct Ord*.

Commitment by a Qualified Substance Abuse Professional (QSAP)

If the involuntary commitment was initiated by a QSAP, this would involve the same forms as listed under Peace Officer. This would be coded as *Invol Civ - (Qual ADA Couns-Imm Harm)*.

Codependents should not be marked involuntary commitment.

A Drug Court recommendation or sanction or a Probation/Parole Office mandate do not constitute involuntary commitments.

If commitment status changes from involuntary to voluntary or voluntary to involuntary, then a new commitment needs to be added to CIMOR.

COUNTY

Identifies the county which originated the commitment order, generally found on the commitment forms.

FROM DATE

Start date of commitment.

TO DATE

End date of commitment.

PRIMARY COMMITMENT

For ADA, identifies the current commitment.

Important Notes:

For an ADA Episode of Care, only one ADA commitment will exist at any given time (Note this may be different for a CPS Episode of Care) but an ADA Episode of Care may have multiple commitments covering different periods of time (i.e. client's status changes from voluntary to involuntary).

Discharge

The screenshot displays the CIMOR software interface for adding a discharge. The left sidebar shows a navigation tree with 'Discharge' highlighted. The main form area contains the following fields:

- Division:** ADA
- Provider Site:** Sample-Kansas City
- Discharge Reason:** Transferred consumer
- Discharge Date:** 04/13/2007
- Discharge Time:** 10:57 AM
- Discharge Diagnosis Code:** (empty dropdown)
- Follow Up Type:** Outpatient Treatment
- Referral Given:** ☒ (Yes)
- Comments:** Consumer would not comply with rules (This has been requested to be added for the Discharge Reason)

Buttons for 'Save' and 'Cancel' are located at the top right of the form area. The top status bar shows 'Ada Sample DMH ID 705784' and 'Any Lister, Sample DMH Contract Provider'.

DISCHARGE REASON

Reason for closing Consumer's ADA Episode of Care.

Valid entries:

Additional Services Advised, Referral Made – Satisfactory progress in treatment and is being referred to another ADA agency for continuation of treatment (Note AA/NA is not considered ADA treatment)

Admitted in Error – To be used when admission made to wrong Consumer and cannot be deleted because diagnosis has been entered.

Consumer Completed Treatment – Consumer has satisfactorily completed his/her individual treatment plan and is not being referred to any other level of ADA treatment. (Note AA/NA is not considered ADA treatment.) Also appropriate for Consumers who have self-terminated after significant engagement in treatment with serious work on treatment plan objectives and reason for discharge as *Completed* is most accurate description of episode.

Consumer died - (Also enter deceased date, if known, on Consumer Demographics)

Consumer dropped out – Program is willing to continue treatment services but Consumer stopped showing up for or participating in planned ADA treatment services.

Consumer moved away – Consumer relocated to area away from treatment provider

Consumer would not comply with rules – includes Consumer showing up for treatment under the influence

Incarcerated-offense during treatment / satisfactory progress – Consumer incarcerated due to an offense committed while in treatment and Consumer was making satisfactory progress in treatment / recovery.

Incarcerated-offense during treatment / unsatisfactory progress – Consumer incarcerated due to an offense committed while in treatment and Consumer was making unsatisfactory progress in treatment / recovery.

Incarcerated-charge pre-treatment / satisfactory progress – Consumer incarcerated due to old warrant or charge arising prior to treatment and Consumer was making satisfactory progress in treatment / recovery.

Incarcerated-charge pre-treatment / unsatisfactory progress – Consumer incarcerated due to old warrant or charge arising prior to treatment and Consumer was making unsatisfactory progress in treatment / recovery.

Medical Reasons – Other health or mental health issues prevent Consumer from continuing ADA treatment. May include transfer to hospital or other health care facility.

Transferred Consumer – Unsatisfactory progress in treatment and is being referred to another agency for ADA treatment. (Note AA/NA is not considered ADA treatment)

Did not meet assessment criteria – To be used when Consumer is admitted into an ADA EOC but subsequent assessments indicate Consumer does not need ADA treatment.

Important Notes:

NOTE → For the person entering a discharge reason, it is important to find the best fitting category.

For the purpose of DISCHARGE REASON, the term *referral* is taken to mean referral to ADA treatment and not to self-help groups or non-ADA treatment. ADA will use data

item FOLLOW-UP TYPE to collect information on follow-up recommendations including that for self-help groups or non-ADA treatment.

DISCHARGE DATE

The date of the last service in the Consumer's Episode of Care.

Important Notes:

ADMISSION DATE and DISCHARGE DATE define the Consumer's Episode of Care. Program TO DATE and Program Level TO DATE should never come after DISCHARGE DATE. Programs are contained within Episode's of Care and Program Levels (if applicable) are contained within Programs.

FOLLOW UP TYPE

Indicates type of program/agency recommended to Consumer upon discharge. For ADA Episodes of Care, priority should be given to ADA treatment or ADA support follow up types. If no ADA follow up type is provided, then enter other applicable follow up type.

Valid entries:

...for ADA treatment or support

Community Self-Help – Peer-based groups including AA/NA, Al-Anon, Gambler's Anonymous

Inpatient Substance abuse – Detox with hospital supervision

Outpatient Treatment – ADA outpatient treatment

Residential Treatment Center – ADA residential treatment

Recovery Support – (Has been requested) agencies providing non-clinical treatment services supportive of recovery including spiritual counseling, employment coaching, life skills training, etc.

...for other mental health or medical

Administrative Agent

Case management

Community program – (Non-ADA)

Community Psychiatric Rehabilitation Center

Inpatient medical facility – Medical (non-mental health) treatment with hospital supervision

Inpatient psychiatric facility – Psychiatric treatment with hospital supervision

Medication Management, PCP – Primary care physician

Medication Management, Psychiatrist

Outpatient Clinic Program – (Non-ADA)

Residential Care Facility – (Non-ADA)

Sheltered Living Situation – Living environments organized to support people with disabilities

Sheltered Work Environment - Work organized by specialized providers (usually contracted with DESE) to create assembly jobs for people with disabilities

Skilled Nursing Facility

...for other

Half-way House

Returned to Penal/Correctional Inst

Other – (Only if no other category is suitable, specify in comments)

None

DO NOT USE:

Against Medical Advice - (Do not use for ADA Consumers)

Medical Hospital – (Do not use for ADA Consumers)

Diagnosis

The screenshot shows a web browser window titled 'Consumer Search - Windows Internet Explorer' with the URL 'http://cimortest.dnh.state.mo.us/CIMOR/JUT/CimorHome.htm'. The page displays the 'Add Diagnosis Axis I' form. At the top, it shows 'Sample Data DMH ID: 4055462' and 'ADA Sample-Kansas City 10/6/2007 - Open'. The left sidebar contains a navigation menu with options like 'Consumer', 'Face Sheet', 'Demographics', 'Benefit/Eligibility', 'Consumer Res', 'Contact Log', 'Screenings', 'View Assmt', 'Episodes of Care', 'Admission', 'Assessments', 'ATR Voucher', 'Authorizations', 'Bed Assign', 'Commitments', 'Court Orders', 'Diagnosis' (highlighted), 'Discharge', 'EOC Summ', 'Female Pres', 'Furlough', 'Medical Pres', 'ISL Budget', 'Problems', 'Programs', 'Services', 'Change Organization', 'My Organization', 'CO Functions', 'EMT', 'Administration', 'Fundware', 'Reports', and 'Help'. The main form area includes fields for 'Group', 'Diag Code Source' (set to 'DSM-IV'), 'Partial Code', and 'Partial Desc'. There are 'Search' and 'Clear' buttons. Below these, the 'Axis *' is set to 'Diagnosis Axis I: Clinical Disorders'. The 'Diagnosis Code *' field is empty, with a 'Validate' button. The 'Diag Code Source' is a dropdown menu. The 'Code Description' is a text area. The 'Diagnostician *' is a text field. The 'Severity' is a dropdown menu. The 'Status *' is a dropdown menu. The 'Principal' checkbox is unchecked, and the 'Primary' checkbox is unchecked. The 'Diagnosis Date Time *' is set to '10/09/2007 09:03 AM'. The 'Comments' field is a large text area. At the bottom, there are 'Save' and 'Cancel' buttons.

For CSTAR Consumers, clinical diagnosis information must be entered in CIMOR. The CSTAR programs require at least one ADA diagnosis on Axis I. For state-operated hospital detox, Consumers must also have clinical diagnosis information entered in CIMOR.

Important Notes:

Diagnostic impressions are not allowed in CIMOR. If a diagnostic impression is made, it goes in the Consumer's file but not in CIMOR.

PRINCIPAL

The diagnosis that was “chiefly responsible for occasioning the evaluation or admission to clinical treatment.” (*DSM-IV, American Psychiatric Association 2000.*)

Important Notes:

For a given Episode of Care, only one diagnosis can be marked as PRINCIPAL.

For an ADA Episode of Care and CSTAR program, an ADA diagnosis must be marked as PRINCIPAL. In CIMOR, diagnosis information is associated with the Episode of Care. A co-occurring Consumer can have an ADA principal diagnosis on an ADA episode of care and a CPS principal diagnosis on a CPS episode of care.

For state-operated hospital detox, the Consumer should have a principal diagnosis from the ADA CSTAR Dx group while the Consumer is assigned to either *CPS State Op Adult Inpatient – ADA Substance Abuse* or *CPS State Op Extended Observation – ADA Substance* program.

PRIMARY

A primary diagnosis is one that is not dependent on a co-existing illness.

Important Notes:

For a given Episode of Care, more than one diagnosis can be marked as primary.

Program

Consumer Search - Windows Internet Explorer
http://cimortest.dmh.state.mo.us/CIMOR/UI/CimorHome.htm

Sample Data DMH ID 4055462
ADA Sample-Kansas City 10/6/2007 - Open

Amy Lister, Sample DMH Contract Provider

Test

Consumer

- Face Sheet
- Demographics
 - Addresses
 - Phones
 - E-Mail
 - Citizen/Ethnic
 - Aliases
 - Custody
 - Education
 - Employment
 - Identifiers
 - Languages
 - Legal Authority
 - Marital
 - Military Service
 - Public Health
 - Religion
 - Special Needs
- Benefit/Eligibility
- Consumer Res
- Contact Log
- Screenings
- View Assmt
- Episodes of Care
 - Admission
 - Assessments
 - ATR Voucher
 - Authorizations
 - Bed Assign
 - Commitments
 - Court Orders
 - Diagnosis
 - Discharge
 - EOC Summ
 - Female Pres
 - Furlough
 - Medical Pres
 - ISL Budget
 - Problems
 - Programs

Edit Program

Save Cancel

Program * **ADA General Treatment** Status * **Assigned**

From Date * **10/06/2007** From Time * **9:03 AM** Living Arrangement **18 & > with Alone**

To Date To Time

Program Level **Outpatient**

From Date **10/06/2007** From Time **9:03 AM**

Comments/
Reason for
Program
Status

STATUS

Indicates status of Consumer's program

Valid entries:

...for Program Assignment:

Assigned – Use for all new assignments.

...for Program Closure:

Administrative Discharge – (Reserve for use by Central Office)

Completed – Consumer has completed the program goals or has had significant engagement in treatment with serious work on treatment plan objectives so that status as *Completed* is most accurate description

Eloped – Program is willing to continue treatment services but Consumer stopped showing up for or participating in planned ADA treatment services.

Incorrectly assigned – Incorrect program has been selected.

Noncompliant – Consumer would not comply with program/agency rules including Consumer showing up for treatment under the influence.

On Leave – (Do not use for ADA Program Assignment.)

Transferred – Consumer is being assigned to a different program or referred to a different ADA treatment agency.

Withdrawn – Agency is terminating Consumer's treatment due to non-compliance

LIVING ARRANGEMENT

See **LIVING ARRANGEMENT** pages 13-14.

FROM DATE (PROGRAM/LEVEL)

Indicates start date of the program or program level.

Important Notes:

Program FROM DATE and Program Level FROM DATE should never come before ADMISSION DATE. Programs are contained within Episode's of Care and Program Levels (if applicable) are contained within Programs.

Program Assignment ADA / Program Closure ADA

Consumer Search - Windows Internet Explorer

http://cmortest.dmh.state.mo.us/CIMOR/UI/CmorHome.htm

Sample Data DMH ID 4055462
ADA Sample-Kansas City 10/6/2007 - Open

Amy Lister, Sample DMH Contract Provider

Add ADA Program Closure

Number of Arrests During Treatment * HIV Test *

Primary Health Insurance Data Collection Date *

Social Support Recovery Activities

☐ None
☐ Interaction with Family / Friends supportive of recovery
☐ Religious/Faith Affiliated Recovery Groups
☐ Self Help Groups
☐ Unknown (not valid for Asmt)
☐ Other Organization that supports recovery

Substances *

Ranking	Substance	Number of Days of Use in Past 30 Days	Route	Age First Used	
Primary	Alcohol		Oral	11	Remove Edit
Secondary	None	Not Applicable	Not Applicable	Not Applicable	Remove
Tertiary	None	Not Applicable	Not Applicable	Not Applicable	Remove

Ranking * Substance *
Route * Number of Days of Use in Past 30 Days * Age First Used *

County where Services will be Received *

Developmental Problem * Currently Pregnant

Psychological Problem * Veteran Status *

Treated for Tuberculosis * Enrolled in School / Job Training *

Prior Detox * Prior Residential * Number of Arrests in Past 30 Days *

Grade Point Avg Prior Outpatient * Number of Lifetime DUI Arrests *

Income Source * Primary Source of Payment *

ADA Program Closure (Part 1)

ADA Program Closure (Part 2)

COUNTY WHERE SERVICES WILL BE RECEIVED

Indicates county where Consumer will receive ADA services.

Valid entries:

See CIMOR for actual list. Acceptable entries include any Missouri county name.

Important Notes:

- Do not use selection *Non-Resident*.

CURRENTLY PREGNANT

Indicates if female Consumer is pregnant.

Valid entries:

No

Yes

Unknown

Refused to answer

Important Notes:

If Consumer's pregnancy status changes during treatment, do update information in this field.

Avoid using selection *Unknown*. Do ask female Consumers about pregnancy status.

DATA COLLECTION DATE

Indicates most recent date in which ADA data was collected from the Consumer. Must be provided at admission, at change in type of service (i.e. residential to intensive outpatient, intensive outpatient to non-intensive outpatient), and at discharge.

DEVELOPMENTAL PROBLEM

Indicates if Consumer has a developmental problem

Important Notes:

"Developmental Problem" is to include developmental disabilities such as mental retardation, cerebral palsy, head injuries, autism, epilepsy, and certain learning disabilities. Such conditions must have occurred before age 22, with the expectation that they will continue.

EDUCATION (STATUS)

Specifies the highest school grade the Consumer has completed in formal education. This can include education received while incarcerated.

Valid entries:

Kindergarten

1st Grade – 12th Grade - (Listed separately)

GED

1st Year College – 4th Year College - (Listed separately)

Graduate College

1 Yr Graduate

3 Yr Graduate

Doctorate Degree

Master Degree

No Academic

Tech Education in addition to High School

Tech Education in lieu of High School

Unknown - (Should not be used for ADA program assignment)

EMPLOYMENT (STATUS)

See **STATUS (Employment)** pages 20-21.

ENROLLED IN SCHOOL OR JOB TRAINING

Indicates if Consumer is enrolled in school or job training.

Valid entries:

No – Not currently engaged in any educational type activities

Yes – Includes formal academic education (elementary, secondary, college), GED classes, adult basic education, adult continuing education (non-credit), vocational school or training that is a certificate or diploma program,

Unknown - (Not allowed on ADA Program Assignment)

GRADE POINT AVERAGE (GPA)

Indicates Consumer's Grade Point Average (GPA) for the most recent single term. GPA is required for all CSTAR Adolescent primary Consumers.

Valid entries:

Grade	4-Point Scale	11-Point Scale
A+ / A	4	11
A-	3.67	10
B+	3.33	9
B	3	8
B-	2.67	7
C+	2.33	6
C	2	5
C-	1.67	4
D+	1.33	3
D	1	2
D-	0.67	1
F	0	0

Not Applicable – Use for 19 year-old consumers or adolescents who already have a GED but are enrolled in the CSTAR Adolescent Program.

Unknown - (Only allowed on ADA Program Closure.)

Important Notes:

The intent of this data item is to capture information on current school performance. Do not report a GPA based on grades earned over multiple years (i.e. Cumulative GPA.)

Report the GPA for the current quarter if known; otherwise, report GPA for the most recent completed quarter (or other reporting term) as indicated on student's most recent report card.

HIV TEST (Closure Only)

Indicates the results of Consumer's last HIV test.

Valid entries:

HIV Positive

AIDS/ARC Diagnosis - (AIDS / AIDS-related complex)

HIV Negative

HIV Status Unknown

Not Collected

INCOME SOURCE

Indicates Consumer's principal source of financial support. For children under 18, this field indicates the parent's primary source of income support.

Valid entries:

[Employment]

Employment

Self Employment

[Retirement]

Civil Service Retirement

Military – Military Retirement Allotment

RR – Railroad Retirement

SSA – Social Security Benefits

Retirement – Other Retirement

[Other Benefits / Assistance]

VA – Veterans Administration Benefits

Disability

SSDI – Social Security Disability Income

SSI – Supplemental Security Income

Work Comp – Workers Compensation

Public Assistance – State

Unemployment

Disability – Disability Income from source other than Social Security Disability Income and Veterans Administration Benefits Disability.

[Other Sources]

Alimony – Maintenance Alimony

Child Support

Family/Friends

Illegal

UEI – Unearned (Dividends, Interest, Rental Income)

LEGAL STATUS

Indicates Consumer's current judicial status.

Valid entries:

Not Applicable – No current involvement with the judicial system.

Awaiting Disposition

On Probation

On Parole

Incarcerated

Unknown – (Not allowed on ADA Program Assignment)

LIVING ARRANGEMENT

See **LIVING ARRANGEMENT** pages 13-14.

MARITAL STATUS

Identifies Consumer's marital status.

Valid entries:

Never Married – Includes Consumers who have never been married and those whose only marriage was annulled.

Married – Has a valid marriage license and living together

Widowed – Widowed and not remarried

Divorced – Divorced and not remarried

Separated – Includes those separated legally or otherwise absent from spouse because of marital discord

Remarried – Currently married but has gone through a divorce in the past

Common Law – Meets the definition of common law union according to the state of residence. Note the state of Missouri does not recognize common law marriages (RSMo 2006 § 451.040)

Living as married – Living as married but without a valid marriage license

Living Together - (Not recommended for ADA Consumers) living together, unspecified

Unknown - (Not valid for ADA)

Important Notes:

For the purpose of ADA data collection and federal reporting of substance abuse data, categories *Married*, *Common Law*, *Remarried*, and *Living as married* are indistinguishable and will typically be reported together under category *Married* (consistent with federal TEDS reporting.) It is recommended that *Living Together* not be used for ADA Consumers.

MEDICATION PRESCRIBED FOR ADDICTION TREATMENT

Indicates medication that is prescribed as part of Consumer's substance abuse treatment plan.

Valid entries:

None Prescribed

Naltrexone

Naloxone

Vivitrol

Other Antagonist

Methadone

Laam

Buprenorphine

Acamprosate calcium (Campral)

Propoxyphene-N

Cyclazocine

Disulfiram – (Antabuse)

Tranquilizers (Valium, Librium, etc.)

Anti-Depressants

Others – (Only use if no other category is appropriate)

Important Notes:

The intent of this field is to capture current status. Historical data should not be reported here.

Be sure to update MEDICATION PRESCRIBED FOR ADDICTION TREATMENT if change occurs during the course of Consumer's Episode.

This field is capturing information on pharmacological treatment. Do not indicate substance abused here.

If Consumer is currently taking more than one medication, mark all that apply. This field allows for multiple selection. If *None* is marked, then no other selections can be made.

MONTHLY INCOME AMOUNT

Indicates gross monthly income from all sources as shown on the most current Standard Means Test. Includes income sources from Consumer and Spouse (if applicable) or Parents if parents are the financially responsible party. Sources of income includes employment (wages, salary, tips, bonuses, self-employment), unearned income (rental income, dividends, interest), child support, retirement / pensions / social security / other benefits (i.e. VA), alimony, assistance (unemployment, SSI, worker's comp)

NUMBER OF ARRESTS DURING TREATMENT (Closure Only)

Indicates number of arrests Consumer has since admission to treatment.

NUMBER OF ARRESTS IN PAST 30 DAYS

Indicates number of arrests Consumer has had in the past 30 days. Data item is collected at admission, at change in type of service (i.e. residential to intensive outpatient, intensive outpatient to non-intensive outpatient), and at discharge.

NUMBER OF LIFETIME DUI ARRESTS

Indicates number of DUI arrests Consumer has had over the course of his/her lifetime. Data are collected at admission, may be updated as needed.

OCCUPATION

Indicates Consumer's current occupation (i.e. "What kind of work is Consumer doing?")

Valid entries:

Not applicable – Includes *Unemployed* and *Not in Labor Force* (i.e. homemakers, students, preschool, retired, disabled, those that are not employed and have not been seeking work in the past 30 days).

Clerical Workers – Typically, office support work, includes secretaries and administrative assistants

Craftsman – Includes carpenters, construction workers, etc.

Farm Labors – Typically, non-skilled agricultural workers

Farmer & Farm Mgr – Owner or manager of farm / agricultural business.

Laborers, Non-Farm – Typically non-skilled, includes stockers, drivers, factory assembly workers, etc.

Managers, Officials, Proprietors – Typically involves managerial or administrative work, includes administrators, office executives, business owners, elected officials, etc.

Military Service

Operatives (Mech Indus) – Typically mechanical work, includes auto mechanics, factory mechanics, appliance repair, etc.

Professional – Typically work requiring a license, certification, or degree, includes nurses, accountants, teachers, engineers, dentist, doctors, veterinarians, etc.

Sales Workers – Automobile sales, retail sales, etc.

Service and Household Workers – Typically non-skilled, includes janitors and building cleaners, food service workers, cashiers, etc.

Other – (Can be used for ADA if no other category works)

Unknown – (Do not use for ADA program assignment / Use should be limited for ADA program closure)

Important Notes:

If Consumer has more than one occupation, identify the one that he/she spends the most time doing.

Is Consumer currently employed, either full-time or part-time? (see EMPLOYMENT data item) If “yes”, then do not use *Not applicable* for OCCUPATION.

PRIMARY HEALTH INSURANCE

Indicates Consumer’s primary health insurance (if any). The insurance may or may not cover alcohol or drug treatment.

Valid entries:

Blue Cross/Blue Shield

Health Maintenance Organization

Other Private Insurance

Medicare

Medicaid

Other (e.g. TRICARE, CHAMPUS)

None

PRIMARY SOURCE OF PAYMENT

Indicates primary source of payment for this ADA treatment.

Valid entries:

Blue Cross / Blue Shield

Medicaid

Medicare

Other Gov – Other Government Payments

Workers Comp – Workers Compensation

Other Insurance – Other Health Insurance Companies

Self Pay

No charge – Charity, Special Research or Teaching
Other – (Only use if no other category works)

Important Notes:

If multiple payment sources exist, select the payment source with the largest percentage. When payment percentages are equal, then select either source.

Other Gov payment includes state general revenue and federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funding streams (i.e. non-Medicaid POS funding.)

PRIOR DETOX

Indicates the number of previous Detox treatment episodes that Consumer has received in any alcohol and drug program.

Important Notes:

Do not count current assignment.

PRIOR RESIDENTIAL

Indicates the number of previous residential treatment episodes that Consumer has received in any alcohol and drug program.

Important Notes:

Do not count current assignment.

PRIOR OUTPATIENT

Indicates the number of previous outpatient treatment episodes that Consumer has received in any alcohol and drug program.

Important Notes:

Do not count current assignment.

PSYCHOLOGICAL PROBLEM

Identifies whether Consumer has a psychological problem independent of his/her alcohol or drug use problem. Consumer may or may not be receiving treatment for psychological problem. Consumer's psychological problem may or may not be under control.

Valid entries:

No

Yes

Unknown - (Not allowed on ADA Program Assignment)

Important Notes:

For the purpose of this data item, "psychological problem" may include schizophrenia and other psychotic disorders, mood disorders, anxiety disorders, somatoform disorders, factitious disorders, dissociative disorders, sexual and gender identity disorders, eating

disorders, sleep disorders, impulsive-control disorders, adjustment disorders, personality disorders, and disorders usually first diagnosed in infancy, childhood, or adolescence. (DSM-4, American Psychiatric Association 2000)

If during the course of treatment, Consumer is diagnosed with a psychiatric disorder, be sure to update data item PSYCHOLOGICAL PROBLEM.

PUBLIC ASSISTANCE

Public assistance and social insurance programs Consumer is currently receiving. Consumer may be in more than one PUBLIC ASSISTANCE program at a time.

Valid entries:

None – (If selected, cannot select any others) Consumer is not receiving any public assistance and not in any social insurance programs.

Temporary Assistance to Needy Families – (TANF)

Food Stamps

General Relief

Medicaid

Supplemental Security Income

Low-Income Home Energy Assistance

Legal Services For the Poor

In-Home Supportive Services

Grants to Assist Victims of Domestic Violence

Refugee Assistance

Substance Abuse Treatment Assistance

Psychiatric Services

Mental Retardation and Development Disabilities

School Lunch Assistance

Section 8 Housing Payments

Section 8 Housing Vouchers

Public Housing

Other Subsidized Housing

Higher Education Grants

Higher Education Loans

College Work/Study Payments

Head Start

Trade Adjustment Assistance

Missouri Crime Victim Compensation

Job Opportunities and Basic Skills Training

Veteran Compensation

Medicare

Social Security Retirement Benefits

Social Security Disability Benefits

Social Security Survivors' Benefits

Black Lung Disease Benefits

Unemployment Compensation

Railroad Retirement Benefits

Worker's Compensation

Veterans' Pensions

Government Pensions

Other – (Use only if none of the other categories work.)

Unknown – (Not allowed on ADA program assignment.)

Important Notes:

If Consumer has multiple types of public assistance, mark all that apply. This field allows for multiple selections. If *None* is marked, then no other selections can be made.

SOCIAL SUPPORT RECOVERY ACTIVITIES

Indicates Consumer's use of social support and recovery services during the past 30 days. Consumer may have more than one.

Valid entries:

Self Help Groups – Non-professional, peer-operated organizations devoted to helping individuals who have addiction related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, Women for Sobriety, etc.

Religious / Faith Affiliated Recovery Groups – Group that is run by a religious organization and/or has a religious or faith based message for recovery. Does not include secular groups that take place in religious buildings. May be peer-operated groups or may be run or facilitated by a member of the clergy or religious organization.

Other Organization that Supports Recovery – Any meetings/activities/events that support recovery or self-help/recovery groups that were run or sponsored by an organization that is not focused on recovery.

Interaction with Family and/or Friends that are supportive of recovery – Time spent with family and/or friends who are supportive of Consumer's recovery.

None – (If selected, cannot make any other selections.) Consumer has not engaged in any of the above recovery activities in the past 30 days.

Unknown - (Not allowed for ADA program assignment.)

Important Notes:

If Consumer has multiple types of social support activities, mark all that apply. This field allows for multiple selections. If *None* is marked, then no other selections can be made.

SPECIAL EDUCATION

Indicates the level of Consumer's special education requirements.

Valid entries:

Special Education (Unspecified)

Trainable Mental Retardation (State Schools for the Retarded)

Educable Mental Retardation

Remedial Reading

Elementary and Secondary Special Education

Special School

Speech Therapy

Learning Disabled Classroom
Behavior Disordered Classroom
No Special Education
Resource Room
Special Education Testing Suggested
Unknown – (Not allowed for ADA program assignment)

SUBSTANCES

This section collects data on Consumer's substance problems. Each substance ranking (*Primary*, *Secondary*, *Tertiary*) has associated fields for route of administration, frequency of use, and age of first use. Primary substance data must be provided for a primary user (non-collateral) Consumer. Secondary and tertiary data must be collected from Consumer.

Age First Used

Indicates actual or approximate age Consumer first used substance identified in the SUBSTANCE data field.

Important Notes:

Age First Used should never be greater than the current age of Consumer.

Number of Days of Use in Past 30 Days

Indicates number of days in the last 30 that Consumer reported any use at all of the substance identified in the SUBSTANCE data field.

Valid entries:

0, 1, 2, ..., 30 (listed separately)

Unknown – (Not allowed on ADA program assignment)

Important Notes:

The response cannot be more than 30 days.

Ask specifically about behavior in “the past 30 days.” Do not use “in the past month” as a substitute – this may lead to confusion and inaccurate responses. Example: If data are collected from Consumer on May 15th, the past 30 days covers April 16 to May 15.

Ranking

The intent of this data item is to identify an ordering of Consumer's substance problem based on the impact to Consumer's quality of life.

Valid entries:

Primary

Secondary

Tertiary

Important Notes:

Determination should be based on a combination of factors such as the relative importance of the substance in causing the Consumer to seek treatment, the frequency and intensity of the abuse, the substance that caused the person the most problems, etc.

A non-codependent Consumer must always have a primary substance identified.

Primary, Secondary, and Tertiary substance information must be collected from Consumer. An attempt should be made to get a comprehensive picture of Consumer's use of substance(s). If Consumer has no *Secondary* substance, then enter *None* for SUBSTANCE for ranking *Secondary*. If Consumer has no Tertiary substance, then enter *None* for SUBSTANCE for ranking *Tertiary*. If *None* is indicated for SUBSTANCE, CIMOR will populate NUMBER OF DAYS OF USE IN PAST 30 DAYS, ROUTE, and AGE FIRST USED with *Not Applicable*.

A given SUBSTANCE can only have one ranking.

Tobacco can be identified as a secondary or tertiary substance but not a primary substance.

Route

Identifies the typical way in which Consumer administers SUBSTANCE.

Valid entries:

Oral – Includes ingesting, swallowing, drinking, or dissolving drugs in the mouth or sublingually.

Smoking – Includes smoking the drug on its own (in a pipe, bong, etc.) and putting the drug in a tobacco cigarette to be smoked.

Inhalation – Includes the deliberate concentration and inhalation of common household products to get high (“Huffing,” “Bagging,” “Sniffing,” “Snorting”). Also includes lighting or heating the drug and inhaling the resulting smoke.

IV Injection– Includes injecting drugs into veins.

Non-IV Injection – Includes injecting drugs into muscles and subcutaneous injecting (“skin popping”).

Unknown – (Not allowed for ADA program assignment.)

Important Notes:

In cases where two or more routes are routinely used, the most serious route should be identified. Order of severity from most to least: *IV Injection, Non-IV Injection, Smoking, Inhalation/Sniff, Oral*.

Make sure the ROUTE goes with the appropriate SUBSTANCE (i.e. no inhaling alcohol or injecting tobacco.)

Substance

Indicates Consumer's current substance problem.

Valid entries:

[Alcohol]

Alcohol

[Cocaine]

Crack – Includes freebase cocaine – chips, chunks, or rocks

Other Cocaine – Includes powder form (Cocaine hydrochloride.)

[Marijuana]

Marijuana / Hashish / THC – Includes Marinol (contains THC) if non-prescribed.

[Opiates]

Heroin

Morphine (Kadian, Avinza, MS Contin)

Fentanyl (Duragesic)

Diphenoxylate (Lomotil)

Non-prescription Methadone - (Do not report MEDICATION PRESCRIBED FOR ADDICTION TREATMENT here. Report substance abused.)

Codiene (700)

D-Propoxyphene (Darvon)

Oxycodone (Oxycontin)

Meperidine HCl (Demerol)

Hydromorphone (Dilaudid)

Pentazocine (Talwin)

Hydrocodone (Vicodin)

Tramadol (Ultram)

Other Opiates and Synthetics

[Hallucinogens]

PCP or PCP Combinations

LSD

Other Hallucinogens

[Stimulants]

Methamphetamine / Speed

Amphetamine (Adderall, Dexedrine)

Methylenedioxymethamphetamine (MDMA, Ecstasy)

Methylphenidate (Ritalin)

Other Amphetamines

Other Stimulants

[Benzodiazepines]

Alprazolam (Xanax)

Chlordiazepoxide (Librium)

Clorazepate (Tranzone)

Diazepam (Valium)

Flurazepam (Dalmane)

Lorazepam (Ativan)

Triazolam (Halcion)

Estazolam (ProSom)
Flunitrazepam (Rohypnol)
Clonazepam (Clonopin, Rivotril)
Other Benzodiazepines

[Tranquilizers]

Meprobamate (Miltown)
Other Tranquilizers

[Sedatives]

Phenobarbital
Secobarbital / Amobarbital (Tuinal)
Secobarbital (Seconal)
Mephobarbital (Mebaral)
Pentobarbital Na (Nembutal)
Other Barbiturate Sedatives
Ethchlorvynol (Placidyl)
Glutethimide (Doriden)
Methaqualone
Other Non-Barbituarate Sedatives
Other Sedatives

[Inhalants]

Aerosols - Sprays that contain propellants and solvents. Includes spray paints, deodorant and hair sprays, vegetable oil sprays for cooking, and fabric protector sprays.
Nitrites – Includes cyclohexyl nitrite, isoamyl (amyl) nitrite, isobutyl (butyl) nitrite (slang: “poppers,” “snappers”)
Solvents – Includes paint thinners and removers, dry-cleaning fluids, degreasers, gasoline, glues, correction fluids, and felt-tip marker fluids.
Anesthetics – Includes nitrous oxide, ether, halothane, chloroform
Other Inhalants

[Other drugs]

Diphenhydramine
Over-the-counter
Diphenylhydantion Phenytoin (Dilantin)
GHB/GBL (Gamma-Hydroxybutyrate, Gamma-Butyrolacton)
Ketamine (Special K) – Also “vitamin K”
Other Drugs – (Use if no other category works.)
Tobacco – (Valid only as secondary or tertiary.) – Includes cigarettes, cigars, and pipe, chewing tobacco.

Important Notes:

Also see notes under RANKING.

Unprescribed use of prescription medication or misuse of prescribed medication (e.g. taking more than prescribed) should also be recorded.

This is the substance list used for the federal TEDS reporting (with the exception of the Tobacco category.) While other tools (i.e. ASI, GPRA) may use broader drug categories, be as specific as possible in identifying Consumer's substance problem(s) for this data item.

Use *Other Drugs* as a last resort – if none of the other categories are appropriate.

TREATED FOR TUBERCULOSIS

Indicates if Consumer has ever been treated for tuberculosis.

Valid entries:

Yes

No

Unknown – (Not allowed for ADA program assignment.)

VETERAN STATUS

Indicates whether Consumer has ever served in the Uniformed Services.

Valid entries:

Yes

No

Unknown – (Not allowed for ADA program assignment.)

Important Notes:

“Armed Forces” include Army, Navy, Air Force, Marines, Coast Guard, Public Health Service Commissioned Corps, Coast and Geodetic Survey, etc.)

WEEKLY INCOME

Indicates weekly income of Consumer only.

Valid entries:

None

\$1 - \$49

\$50 - \$99

\$100 - \$149

\$200 - \$299

\$300 - \$499

\$500 and over

Unknown – (Not allowed for ADA program assignment.)

Important Notes:

Note difference between WEEKLY INCOME and MONTHLY INCOME. WEEKLY INCOME refers to Consumer's income. MONTHLY INCOME refers to household income. (...and WEEKLY INCOME refers to a shorter timeframe.)